MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
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50						
TOTAL IND.	2					
TOTAL DEP.	13					
TOTAL CLAIMS	15					

		IND	DEP	IND	DEP	IND	DEP
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	TOTAL IND.						
	TOTAL DEP.						
	TOTAL CLAIMS						